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UNDERSTANDING THE BIOKINETICS OF IBUPROFEN AFTER SINGLE AND REPEATED TREATMENTS IN RAT AND
HUMAN *IN VITRO* LIVER CELL SYSTEMS

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Abstract

Common *in vitro* toxicity testing often neglects the fate and intracellular concentration of tested compounds, potentially limiting the predictability of *in vitro* results for *in vivo* extrapolation. We used *in vitro* long-term cultures of primary rat (PRH) and human hepatocytes (PHH) and HepaRG cells to characterise and model the biokinetic profile of ibuprofen (IBU) after single and daily repeated exposure (14 days) to two concentrations. A cross-model comparison was carried out at 100 μ M, roughly corresponding to the human therapeutic plasma concentration. Our results showed that IBU uptake was rapid and a dynamic equilibrium was reached within 1 or 2 days. All three cell systems efficiently metabolised IBU. In terms of species-differences, our data mirrored known *in vivo* results. Although no bioaccumulation was observed, IBU intracellular concentration was higher in PRH due to a 10-fold lower metabolic clearance compared to the human-derived cells. In HepaRG cells, IBU metabolism increased over time, but was not related to the treatment. In PHH, a low CYP2C9 activity, the major IBU-metabolising CYP, led to an increased cytotoxicity. A high inter-individual variability was seen in PHH, whereas HepaRG cells and PRH were more reproducible models. Although the concentrations of IBU in PRH over time differed from the concentrations found in human cells under similar exposure conditions.

Keywords: Biokinetics, Ibuprofen, *in vitro*, Primary rat hepatocytes, Primary human hepatocytes, HepaRG cells

54	Abbreviations
55	ADR - adverse drug reaction
56	bcell - biliary cell
57	BSA - bovine serum albumin
58	C_{cell} - concentration in cell lysate
59	C_{max} - human therapeutic peak plasma concentration
60	C_{med} - concentration in assay medium
61	CV- coefficient of variation
62	CYP - cytochrome P450
63	DME - drug metabolising enzyme
64	DMEM - Dulbecco modified eagle medium
65	DMSO - dimethyl sulphoxide
66	FBS - foetal bovine serum
67	F_{in} - entry rate flow for one cell
68	F_{out} - exit rate flow for one cell
69	HMM - hepatocyte maintenance medium
70	IBU - ibuprofen
71	ITS - insulin transferrin selenium
72	k_1 - rate constant for binding to medium proteins
73	k_2 - rate constant for unbinding from medium proteins
74	K_m - Michaelis-Menten constant
75	LOD- Limit of detection
76	LOQ – Limit of quantification
77	MCMC - Markov-chain Monte Carlo
78	N_{cell} - number of cells in the assay system
79	NOAEC – No observed adverse effect concentration

- 80 OECD - Organisation for Economic Co-operation and Development
- 81 PHH - primary human hepatocytes
- 82 PBPK - physiologically-based pharmacokinetics
- 83 PRH - primary rat hepatocytes
- 84 Q_{cell} - total quantity in cell lysate
- 85 Q_{med} - total quantity in assay medium
- 86 Q_{prot} - total quantity bound on protein
- 87 SD - standard deviation
- 88 SW - sandwich
- 89 $t_{1/2}$ - half-life
- 90 TC - toxic concentration
- 91 T_{max} - time to reach C_{max}
- 92 V_{cell} - volume of cells
- 93 V_{max} - maximal metabolic rate
- 94 V_{med} - volume of assay medium
- 95

96 1 Introduction

97 Attrition during drug discovery and development is a major hurdle to the launch of a drug and lack of
98 efficacy and unacceptable toxicity are the two major reasons (Kola and Landis, 2004). Usually, the
99 potential risk for human health of pharmaceuticals is assessed in the early phases of development on
100 the basis of animal testing. However, the extrapolation of observed adverse drug reactions (ADRs)
101 from animals to humans is often difficult. The discrepancies can be frequently attributed to different
102 kinetic behaviours of the compound in the different species (Shanks et al., 2009).

103 In the last decades, *in vitro* models have improved substantially, resulting in applications accepted as
104 valuable tools to characterise and optimise compounds in terms of efficacy and safety. Most of these
105 *in vitro* models apply a single exposure to deliver discrete information on single endpoints. By contrast,
106 more complex *in vitro* models, for the identification of systemic effects, lack acceptance mainly
107 because they poorly correlate with *in vivo* data (Adler et al., 2011). Differences between *in vitro* and *in*
108 *vivo* kinetics have been considered as one of the main reasons. Despite this, the implementation of
109 biokinetic information in *in vitro* systems has been mainly ignored. As a consequence, an observed
110 effect indicated by e.g. EC₅₀ (Effective Concentration causing the 50% of the effect) or NOAEC (No
111 Observed Adverse Effect Concentration) *in vitro* is typically assigned to the applied nominal
112 concentration of the test item, assuming that 100% is available within the cell. On the contrary, a
113 number of abiotic processes affects the fraction of a test chemical that is available for uptake into cells
114 or tissue, reducing its bioavailability. These processes include compound solubility, volatility, stability
115 in aqueous solutions, binding to membrane lipids and proteins in cell culture medium or adsorption to
116 plastic devices. Furthermore, biotic processes, such as mechanisms of cell uptake/extrusion,
117 metabolism, intracellular bioaccumulation (of parent and/or metabolites) as well as saturation of these
118 processes can influence the compound's biokinetic behaviour, affecting the biologically effective dose
119 of test chemical, able to interact with the target or cause toxicity. This hampers the interpretation of *in*
120 *vitro* data to predict *in vivo* dose–response relationships and compare the true toxic potency of test
121 compounds (Groothuis et al, 2013). Thus, the intracellular concentration is a much more relevant

122 parameter to enable the derivation of a NOAEC *in vitro*. This NOAEC can be then transformed to *in*
123 *vivo* doses using appropriate modelling techniques, such as physiologically-based pharmacokinetics
124 (PBPK) modelling.

125 Previous groups have shown that adsorption to plastic devices (Tirelli et al., 2007), binding to
126 macromolecules in the medium (Guelden et al., 2001; Seibert et al., 2002), evaporation of the
127 chemical (Kramer et al. 2012) and the number of cells in the cell system (Guelden et al., 2001;
128 Guelden et al., 2010) influence the actual biologically effective concentration and thus the cytotoxic
129 potential of a compound. A recent paper reviewed a number of factors affecting bioavailability of test
130 chemicals in *in vitro* assays and different dose metrics for *in vitro* setups (Groothuis et al, 2013).

131 To further support this concept, the application of a recently developed model to a set of hypothetical
132 chemicals as well as to 1194 real substances (predominantly from the ToxCast chemical database)
133 shows that the potential range of concentrations and chemical activities under assumed test
134 conditions can vary by orders of magnitude for the same nominal concentration (Armitage et al. 2014).
135 There is an urgent need for predictive *in vitro* models to identify ADRs in the early phases of drug
136 development, especially for the liver. As the main drug metabolising organ, the liver plays a central
137 role in drug-induced toxicities. Furthermore, repeated drug administration is a more relevant exposure
138 scenario for therapeutics, being usually evaluated in specified *in vivo* repeated-dose toxicity testing. In
139 order to mimic repeated exposures *in vitro*, models retaining *in vivo* characteristics for a sufficiently
140 long time frame should be used. Both hepatotoxicity and repeated exposure were addressed in this
141 work by using different long-term hepatic culture systems.

142 Primary hepatocytes are the gold standard for metabolism studies because these cells retain *in vivo*-
143 like activities of drug metabolising enzymes (DMEs) (Guillouzo, 1998; Hewitt et al., 2007; Tuschl et al.,
144 2008). However, monolayer cultures of primary hepatocytes lose the activity of some liver-specific
145 enzymes within a few days (Guillouzo, 1998; Tuschl et al., 2009). By contrast, primary rat and human
146 hepatocytes (PRH and PHH, respectively) cultured in a sandwich (SW) configuration with defined
147 medium, maintain their metabolic capacities at acceptable levels over a prolonged time period

148 (Parmentier et al., 2013; Tuschl et al., 2009). The cholangio-hepatocarcinoma derived cell line
149 HepaRG™ has proven itself valuable for many applications, including the prediction of metabolism-
150 dependent hepatotoxicity (Aninat et al., 2006; Anthérieu et al., 2012). This human-derived cell line is a
151 promising system, because after proliferation and differentiation phases it holds adequate and rather
152 stable activity of DMEs throughout long-term culture.

153 The EU FP7 Project Predict-IV aimed to provide an improved predictability of the non-clinical safety
154 testing by using *in vitro* tests, proposed to integrate dynamics and biokinetics in *in vitro* models after
155 repeated exposure. This paper describes some of the obtained results comparing the three hepatic
156 models described above to study the kinetic behaviour of ibuprofen (IBU), after acute and long-term
157 repeated treatment.

158 IBU, a non-steroidal anti-inflammatory drug, seldom inducing ADRs in the liver, has been used as
159 model compound, selected on the basis of its physicochemical and metabolic properties.

160 To the best of our knowledge the *in vitro* biokinetics after single (d0/1) and repeated exposures
161 (d13/14) of a drug are here described for the first time. The integration of biokinetics to well-
162 established rat and human long-term liver culture systems addresses most of the current issues of *in*
163 *vitro* systems described above. The approach further includes the application of PK modelling, by
164 integrating the kinetic experimental parameters obtained in the different *in vitro* systems, and being a
165 fundamental tool for the extrapolation of *in vitro* data to the *in vivo* situation.

166

167 **2 Materials and Methods**

168 **2.1 Chemicals and Reagents**

169 IBU was purchased from Sigma-Aldrich (Steinheim, Germany; St. Quentin-Fallavier, France) or
170 Calbiochem (Darmstadt, Germany). For the culture of the PRH in sandwich configuration Collagen
171 from rat tail tendon (Roche, Mannheim, Germany) was used, while PHH were covered with Geltrex™
172 from Gibco® (Thermo Fisher Scientific, Illkirch, France). The perfusion buffer components were from
173 Merck Chemicals (Merck KGaA) and AppliChem (both Darmstadt, Germany) or Sigma-Aldrich
174 (Steinheim, Germany; St. Quentin-Fallavier, France). DMEM/F12 GlutaMAX™, Williams' E medium,
175 Sodium-pyruvate, ITS-G (100x), Gentamycin, Glutamine, Trypsin/EDTA and PBS were obtained from
176 Gibco® (LifeTechnologies, Darmstadt, Germany; Thermo Fisher Scientific, Illkirch, France). The
177 culture medium, HMM, used with PHH was purchased from Lonza (Verviers, Belgium). Foetal bovine
178 serum (FBS) was from HyClone®, Gibco® or Perbio (Thermo Fisher Scientific, Waltham (MA), USA or
179 Illkirch, France); hydrocortisone hemisuccinate was from Upjohn Pharmacia (Guyancourt, France).
180 Further reagents were from Sigma-Aldrich (Steinheim, Germany; St. Quentin-Fallavier, France)
181 included penicillin/streptomycin, insulin, BSA, dexamethasone, percoll® and DMSO.
182 For IBU quantification analytical grade chemicals were obtained from commercially available sources.
183 The Milli-Q water purification system (Millipore, Merck KGaA, Darmstadt, Germany) was used to
184 obtain deionised water.

185 **2.2 Cell culture**

186 2.2.1 Primary rat hepatocytes

187 Care and use of laboratory animals was in agreement with the German guidelines and approved by
188 the ethics committee. Isolation of rat hepatocytes from male Wistar rats (Harlan Laboratories,
189 Rossdorf, Germany) followed a modified two-step perfusion technique described by Seglen (Seglen,
190 1976). Overall, only hepatocyte preparations with more than 85% viability (determined via trypan
191 exclusion method) were used. 30,000 viable cells were seeded onto collagen I coated 96-well plates in
192 serum-containing culture media (DMEM/F12 GlutaMAX™, 100 units/mL penicillin, 100 µg/mL

streptomycin, 1 mM sodium pyruvate, 10% FBS and 5 µg/mL insulin). Following an attachment phase of 4 h the culture medium was replaced with serum-free culture medium media (DMEM/F12 GlutaMAX™, 100 units/mL penicillin, 100 µg/mL streptomycin, 1 mM sodium pyruvate, 100 nM dexamethasone, 0.44 mg/L BSA, ITS-G) and IBU treatment was started 24h after seeding. For the SW culture format, the cells were seeded in serum-containing culture media on a gelatinised layer of collagen (prepared at 37°C ≥ 1 h) at a density of 0.25 and 1.5 x 10⁶ viable cells per well in a 24- and 6-well plate (BD Falcon™, Heidelberg, Germany), respectively. After four hours the culture medium was replaced with fresh serum-containing media. On the subsequent day the top collagen stratum was applied and after its full gelatinisation (at 37°C ≥ 1.5 h) serum-free culture medium media was added. IBU treatment started on day 3 after seeding.

2.2.2 Primary Human Hepatocytes

All experiments were performed with permission of the National Ethics Committee (France) and regulatory authorities. Liver biopsies (20-100 g) were received from surgical operations of patients with different pathologies (Table 1), whereas the obtained tissue was removed with a safety margin from the aberrant section. LeCluyse and Alexandre (2010) delineate the two-step perfusion procedure which was applied to isolate the PHH from the liver resections.

Viability of the PHH suspension, obtained directly after isolation, was assessed via trypan blue exclusion method and only preparations holding viability greater than 70% were used for cell culture experiments. The cells were seeded at a density of 2 x 10⁶ viable cells per well of a collagen-coated 6-well BD Biocoat® plate (Dutscher, France) for kinetic studies or at a density of 0.3 x 10⁶ viable cells per well of a 24-well plate (Biocoat®, Dutscher, France) for CYP450 activity measurements. The seeding medium was Williams' E medium containing 50 µg/mL gentamycin, 10% FBS, 1 µM dexamethasone and 4 µg/mL insulin. Following an overnight incubation the monolayer culture was covered with a preparation of 350 µg/mL Geltrex™ in serum-free culture media (HMM, 50 µg/mL gentamycin, 100 nM dexamethasone and 1x ITS-G). The Geltrex™ overlay was renewed every 3-4 days. IBU treatment was started two days after seeding.

219 2.2.3 HepaRG cells

220 The liver tumour derived HepaRG cells were cultured and differentiated as previously described by
221 Gripon et al. (2002). Briefly, the HepaRG cells (at passage 12) were cultured in growth medium
222 (Williams' E supplemented with 10% FBS, 100 units/mL penicillin, 100 µg/mL streptomycin, 5 µg/mL
223 insulin, 2 mM glutamine, and 50 µM hydrocortisone hemisuccinate), which was refreshed three times
224 a week. After two weeks the growth medium was supplemented with 2% DMSO for additional two
225 weeks, resulting in differentiated HepaRG cell cultures. At that time the cultures contained hepatocyte-
226 like and primitive biliary cells at around the same percentage (Cerec et al., 2007; Aninat et al., 2006)
227 and were ready for treatment with IBU. Two days before treatment start the cells (2×10^6 per well) were
228 shifted to a medium containing 2% FBS and 1% DMSO. The percentage of FBS was lowered to 2% to
229 minimise protein binding of the test item, without altering the cell viability and functionality (data not
230 shown).

231 **2.3 Determination of CYP450s activity in PHH**

232 Basal CYP450s activities were determined in PHH cultures from the three donors used for kinetic
233 experiments. After attachment, cell monolayers were washed with warm phosphate buffered saline
234 (PBS) during 15 min at 37°C, and thereafter incubated at 37°C under air/CO₂ (95/5 %) in DMEM with
235 Glutamax I supplemented with insulin (4 mg/mL), dexamethasone (1 µM) and antibiotics, containing
236 the substrates as a cocktail: 3 µM midazolam, 100 µM bupropion and 10 µM diclofenac for CYP3A4/5,
237 CYP2B6 and CYP2C9 respectively, as described by Kanebratt et al. (2008) or with ethoxyresorufin for
238 CYP1A1/2. At the end of the incubation period, supernatants were collected and stored at -80°C until
239 analysis. The metabolites midazolam 1'-hydroxylation (CYP3A4/5), diclofenac 4-hydroxylation
240 (CYP2C9) and bupropion-hydroxylation (CYP2B6) were determined by LC-MS/MS and resorufin by
241 fluorescence, as described by Alexandre et al. (2012).

242 **2.4 Abiotic processes**

243 2.4.1 Stability and solubility of the test compound

244 The stability of IBU in both aqueous solutions and in DMSO (the vehicle used to prepare stock
245 solutions), was checked in preliminary assays, mimicking the actual experimental conditions. Distilled
246 water, culture media and IBU solutions in DMSO were kept at 37°C for different incubation times in
247 glass lab-wear and plastic tubes and analysed by HPLC.

248 2.4.2 Cross-contamination among wells

249 In the adjacent wells to those containing IBU at the applied concentrations, a corresponding amount of
250 DMSO (vehicle control) was added. At the end of the experiment, the content of these control wells
251 was stored at -80°C until HPLC analysis. The IBU content in these control wells served as an
252 indication of possible contamination across wells due to IBU evaporation.

253 2.4.3 Adsorption to plastic devices

254 In order to measure adsorption to the plastic, once the content of each well was removed, the wells
255 were washed twice with PBS before adding 2 mL methanol. The plate was sealed with Parafilm, and
256 kept on a horizontal shaker (350 rpm) at room temperature for 2 h before transferring the complete
257 volume into a LoBind tube.

258 **2.5 *Sequestration by the matrix***

259 To determine the amount of IBU possibly sequestered by proteins in the collagen or Geltrex™ matrix
260 used for PRH and PHH SW cultures, repeated exposure experiments were conducted with the same
261 schedule of the main experiment but in the absence of cells ('blank experiment'). Here, corresponding
262 volumes of collagen I (PRH) and Geltrex™ (PHH) were exposed to high and low IBU concentrations
263 or DMSO vehicle control. Sampling was performed on the first (0/1) and last (13/14) day of treatment,
264 at two time points (2 min and 24 h).

265 **2.6 *Assessment of cell viability after IBU exposure***

266 Preliminary experiments were performed to determine the cytotoxicity of IBU. For all applied assays,
267 the results were expressed as a percentage versus the vehicle treated control.

268 In PRH, the dose finding was performed in three stages (Table 2), starting with treatment with a broad
269 concentration range in 96-well plate ML culture for 24 h. After the pre-screen, three biological

270 replicates in 24-well plate SW culture were treated for 1, 3 and 14 days to assess a preliminary TC₁₀
271 (the concentration causing 10% cytotoxicity, in the specific case measured as ATP depletion). Finally,
272 three concentrations around the determined TC₁₀ were tested in 6-well plate SW cultures, the format
273 for the final experiments, for 14 days repeated exposure.

274 The cell viability was determined via ATP levels that were measured using the CellTiter-Glo®
275 Luminescent Cell Viability Assay (Promega®) according to the manufacturer's protocol including slight
276 modifications. Briefly, after the corresponding exposure time cell cultures in 96-, 24- or 6-well plates
277 were incubated with 100 µL, 600 µL or 900 µL CellTiter-Glo® Reagent for 2 min on an orbital shaker.
278 After 10 min the luminescence signal was measured.

279 In PHH, preliminary assessment of IBU cytotoxicity was performed in one culture (donor S0302V, not
280 further used for kinetic testing): 0.05 x 10⁶ viable cells were seeded onto collagen I coated 96-well
281 Biocoat® plates (Dutscher, France) in Williams' E medium supplemented with 10% FBS, 4 µg/mL
282 insulin, 1 µM dexamethasone and 50 µg/mL gentamycin. Following an overnight incubation, the cell
283 monolayer was covered with 350 µg/mL Geltrex™ in culture medium without FBS for 24 h. Six IBU
284 concentrations were tested, corresponding to the concentrations applied to PRH in 24-well SW
285 cultures (see Table 2). A MTT test was performed after 1, 3 and 14 days of treatment. Here, cells were
286 incubated with 1 mg/mL thiazolyl blue tetrazolium bromide for 30 min, the supernatant was replaced
287 by 100 µL DMSO per well. After gentle shaking, the absorbance was measured at 595 nm.

288 For IBU cytotoxicity determinations, 2.5 x 10⁵ HepaRG cells were seeded per well in 96-well plates as
289 described previously (Aninat et al., 2006). Briefly, after 1, 3 and 14 days of treatment, medium was
290 removed and serum-free medium containing MTT (0.5 mg/mL) was added to each well and incubated
291 for 2 h at 37°C. After removal of the incubation solution, water-insoluble formazan was dissolved in
292 DMSO and absorbance was measured at 540 nm.

293 **2.7 IBU exposure for kinetic experiments**

294 On the basis of results obtained from the preliminary cytotoxicity tests, the two IBU concentrations
295 used during the kinetic experiments in the three cell culture systems were set as follows: the TC₁₀ in

the corresponding hepatic system, to reveal underlying mechanisms of toxicity, without causing a significant decrease in the number of cells; $1/10\text{ TC}_{10}$, which should give an insight into pharmacological actions of the drug on cellular level. Eventually, the applied IBU treatment concentrations were $10\text{ }\mu\text{M}$ and $100\text{ }\mu\text{M}$ in PRH and HepaRG cells, and $100\text{ }\mu\text{M}$ and $1000\text{ }\mu\text{M}$ in PHH. Prior to each experiment IBU stock solutions (500- or 1000-fold) were prepared in DMSO and stored at -20°C until needed. Treatment solutions were prepared by diluting the IBU stocks (50 mM and 5 mM for PRH and 500 mM and 50 mM for PHH) 1:500 in serum-free culture medium, keeping DMSO concentration at 0.2%. The stock solutions (100 mM and 10 mM) for the HepaRG cells were diluted (1:1000) in medium containing 1% DMSO and 2% FBS to obtain ready-to-use solutions. Aliquots of the daily treatment solution (considered as time 0 samples) and of the stock solutions were stored at -80°C until HPLC analysis.

Cell treatment with IBU TC_{10} and $1/10\text{ TC}_{10}$ was initiated by adding 1.5 mL (PRH) or 2 mL (PHH and HepaRG cells) per well of the corresponding ready-to-use solutions or the vehicle (control wells). Per definition, the day of the first exposure was referred to as day 0 and media were changed on a daily basis for 14 days.

2.8 Sample preparation for HPLC analysis

A sample of cell culture media at time 0 min (t_0) to verify the actual IBU concentration added to the well, and samples of supernatant and cell lysate were collected on day 0/1 and day 13/14 at 5 different time points (TP): 2 min, 30 min, 1 h, 3 h and 24 h for PRH and PHH. In parallel, samples to measure plastic adsorption were prepared on empty wells, as described above. The TP selection was based on intrinsic characteristics of IBU (e.g. 90-99% protein binding, rapid metabolism with half-life 2-4 hours) and the cell systems (e.g. metabolic competence). The *a priori* selected TP were confirmed in a preliminary experiment for PRH and PHH, whereas for HepaRG cells uptake into the cells was delayed. Therefore, to get a better description of the kinetic behaviour in HepaRG cells, the initially selected TP were changed to 30 min, 1 h, 3 h, 6 h and 24 h.

321 At the selected TP, the supernatant was pipetted into LoBind tubes, and cells were washed twice with
322 PBS. The SW cultured PRH and PHH were scraped and transferred into a new LoBind tube; the well
323 was rinsed with 250 μ L methanol, which was added to the same tube. Finally, the cell lysate was
324 homogenised using an in-probe sonicator and the volume was adjusted with methanol to 1 mL.
325 HepaRG cells were scraped in 200 μ L PBS and transferred into a new LoBind tube containing 600 μ L
326 Methanol. A volume of 200 μ L PBS was used to wash the well and after adding it to the same tube,
327 the cell lysate was homogenised (in-probe sonication). All fractions were stored at -80°C until HPLC
328 analysis.

329 **2.9 HPLC analysis of IBU**

330 Methanol was selected as the extraction solvent after checking extraction efficiency: IBU recovery
331 from the 3 media and HepaRG cell lysate was > 95%; for PRH and PHH cell lysate for which the
332 recovery was ~75% an appropriate correction factor was applied for the calculation of IBU content.

333 Three times volumes methanol were added to the supernatant collected at t_0 and at different TP; the
334 mixture was vortexed for 30 s. All samples, including cell lysates, were centrifuged (Eppendorf 5417R;
335 5 min, 4°C, 2500 rpm); the upper phase was transferred into amber glass vials for HPLC analysis.

336 The HPLC system included a PerkinElmer Series 200 analytical pump, a Restek™ Pinnacle ODS
337 Amine C18 column, a PerkinElmer LC 235 Diode Array Detector and the PerkinElmer Totalchrom™
338 3.1.2 software for data acquisition and evaluation. IBU identification and quantification was based on
339 the isocratic method described by Hassan et al. (2008) with minor modifications, yielding a better
340 resolution capacity. The method was specific for IBU and not able to detect its major oxidative
341 metabolites (OH- and COOH-IBU) and the glucuronides (data not shown). The mobile phase
342 consisted of a 60:40 (v/v) mixture of methanol and NaH₂PO₄ (50 mM, pH 6.5), at a flow rate of 0.6
343 mL/min. The injection volume was 20 μ L. The absorption of the eluate was measured continuously at
344 220 nm (retention time 17 min); the amount of IBU was quantified referring to a calibration straight line
345 (8 concentrations in triplicate, range 1-250 μ M; correlation coefficient R² = 0.978; LOD = 6.2 nM, LOQ
346 = 20.6 nM, CV = 4.5%).

347 In order to have comparable results across the three biological replicates, the raw data obtained in this
348 study were normalised against the cell number per well. However, cells/well did not vary significantly
349 among the different wells, as determined by measuring protein content (in PHH), or detaching
350 HepaRG cells and counting the number per well (in separate wells close to the ones used for the
351 kinetic analysis), or by high content imaging in separate plates (in PRH) (data not shown); hence, the
352 IBU content in different compartments was expressed as nmol per well.

353 **2.10 Pharmacokinetic Modelling**

354 To describe the *in vitro* pharmacokinetics of IBU, we adapted a three-compartment dynamic model as
355 previously developed for cyclosporine A (Wilmes et al., 2013). The model describes the change in
356 time of the total quantity of IBU in the assay medium (Q_{med}), in cells lysate (Q_{cell}) and bound on
357 proteins such as collagen, if present, (Q_{prot}) in the assay system (Figure 1). The model is generic for
358 simple static system and therefore can be applied to different *in vitro* models as it was shown within
359 the Predict-IV project with appropriate adjustments. The approach is not dissimilar to the one recently
360 published by Armitage et al. (2014), which is a steady-state approximation of an *in vitro* system easy
361 to compute and suitable for high throughput analyses. Since our goal was to perform a kinetic
362 analysis, we developed a dynamic model, including more parameters and their calibration, generating
363 a higher degree of precision in estimates.

364 No adsorption to plastic vial walls was included, as the obtained experimental data with the three
365 models showed that none occurred for IBU or that it was negligible. Due to sequestration by collagen,
366 for PRH the "multiple binding" processes to medium proteins, collagen walls were modelled as a
367 single process. For PHH and HepaRG cells there was no evidence of non-specific binding from the
368 blank experiments, thus it was neglected..

369 Since the experimental data showed that IBU can be metabolised within cells, biotransformation was
370 accounted for in the model. The following three differential equations correspond to the general form
371 of that model:

$$\frac{dQ_{med}}{dt} = N_{cell} (F_{out} C_{cell} - F_{in} C_{med}) + k_2 Q_{prot} - k_1 Q_{med} \quad (1)$$

$$C_{med} = \frac{Q_{med}}{V_{med}} \quad (2)$$

$$C_{cell} = \frac{Q_{cell}}{N_{cell} V_{cell}} \quad (3)$$

where N_{cell} is the number of cells in the assay system, C_{cell} and C_{med} the concentration of IBU in the cells and medium respectively, V_{cell} and V_{med} the volumes of a cells and of the medium respectively, F_{in} and F_{out} the entry and exit rate flows for one cell respectively, k_1 and k_2 the rate constants for binding and unbinding to medium proteins, respectively.

$$\frac{dQ_{prot}}{dt} = k_1 Q_{med} - k_2 Q_{prot} \quad (4)$$

$$\frac{dQ_{cell}}{dt} = N_{cell} \left(F_{in} C_{med} - F_{out} C_{cell} - \frac{V_{max} \cdot Q_{cell}}{K_m + Q_{cell}} \right) \quad (5)$$

where V_{max} is maximal rate of metabolism and K_m the metabolism Michaelis-Menten constant. In Eq. 5 a cell volume proportionality difference was used in the definition of K_m rather than concentrations, with no change in the results. The cell volume used for the conversion was $6700 \mu m^3$ for PRH(experimentally determined in-house) and $3400 \mu m^3$ for PHH and HepaRG cells (2000). Details of the parameters used for the modelling are given in Tables S1 and S2 (Supplementary material).

For each model the best fit for exchange rates were used: For PRH, the best fit was obtained using first order rates for collagen binding and unbinding, cell entry and exit rate and metabolism (the range of concentration assayed did not include doses high enough to identify a maximum rate of metabolism). For PRH model Eq. 5 above was therefore replaced by its first order equivalent:

$$\frac{dQ_{cell}}{dt} = N_{cell} \left(F_{in} C_{med} - F_{out} C_{cell} - \frac{V_{max}}{K_m} Q_{cell} \right) \quad (5b)$$

392 For PHH, no binding to GelTrex™ was observed and its rate was set to zero, first order cell entry and
393 exit rate and saturable metabolism gave the best fit.

394 For HepaRG cells, the model considers that a large number of biliary cells develop are present in the
395 cell culture. These cells do not metabolise IBU which on the other hand we assumed as able to enter
396 or exit them, at about the same rate per cell as in hepatocytes. We therefore added an equation to
397 describe the potential accumulation of IBU in biliary cells (express as Q_{bcell}). In addition, metabolism is
398 known to increase with time in HepaRG cells (Anthérieu et al., 2010) so we described it as a time-
399 varying first order process. The HepaRG PK model was therefore:

400

$$401 \quad \frac{dQ_{med}}{dt} = N_{cell} (F_{out} C_{cell} - F_{in} C_{med}) + N_{bcell} (F_{out} C_{bcell} - F_{in} C_{med}) + k_2 Q_{prot} - k_1 Q_{med}$$

402

403 where N_{bcell} is the number of biliary cells in the assay system and C_{bcell} the concentration of IBU in
404 those cells.

405 To fit the model parameters, statistical distributions of their values were obtained by Bayesian
406 numerical calibration (Bois, 2009) with the experimental data provided by the experiments described
407 above. The doses actually measured were used as input to the model, rather than the nominal doses.
408 As usually done with concentration measurements, the data were assumed to be log-normally
409 distributed with geometric means given by the corresponding model predictions and geometric
410 variances sampled from half-normal distributions. Markov-chain Monte Carlo (MCMC) simulations
411 were performed with GNU MCSim version 5.5.0 (<http://www.gnu.org/software/mcsim>). Two MCMC
412 chains were run in parallel for 50,000 iterations. Their convergence was checked on the last 25,000
413 iterations using the criterion of Gelman and Rubin (1992). In the case of PHH, there were clear
414 differences between donors, so a hierarchical populations model was used to disentangle variability
415 from uncertainty in parameter estimation (Gelman et al., 1996; Bauer and Guzy, 2007; Bois et al.,
416 2010). Briefly, each 14-day cell culture was fitted individually, yielding one set of parameters for each.
417 However, to stabilize inference and pool information between individual cultures, individuals'

parameter values were supposed to vary following predefined non-uniform distributions. We used log normal distributions. For example, in the case of PHH the cell entry flow rate was supposed to vary log normally around a "population" mean (unknown, to be estimated together with the individual values) with an estimated "population" geometric variance. In the end, a set of parameters was obtained for each individual culture, one set of "population" averages and one set of "population" variances. The (geometric) population means themselves were specified with the prior distributions given in Table 5. The (geometric) population variances were assigned half-normal prior distributions. Numerical integration of the models was performed with GNU MCSim version 5.5.0. Plots were produced with R, version 2.14.0.

427

428 **3 Results**

429 **3.1 Abiotic processes**

IBU was soluble even at the highest used concentration (i.e. stock solutions), both in the vehicle and in the culture media, with recovery of known amount of IBU after solubilisation in the range of 97-116%. IBU was chemically stable under the experimental conditions used (i.e. incubation time, temperature, DMSO and different culture media), with the recovery of known amount of IBU in the range of 92-115%, in glass labware and 94-110% in plastic tubes. In line with this and IBU's low lipophilicity at pH 7.4 ($\log K_{OW} = 0.8$), IBU did not adsorb to the plastic devices used during testing as shown by no IBU extracted by methanol in the *ad hoc* assays, and mass balance close to 100% at the first TP during kinetic experiments (see Figures 2-4, E and F). The media used in the three models contain a sodium-bicarbonate buffer system, which in a 5% CO₂ environment, and maintain an almost constant pH in the physiological range, not altering IBU ionized state during the 14 days of treatment and hence also its lipophylicity ($\log K_{OW} = 2.48-3.30$ at pH 5). No evaporation leading to cross-contamination among wells occurred, in accordance with IBU low volatility (vapour pressure: 7.08×10^{-3} Pa at 25°C).

443 The potentially significant IBU protein binding in the culture media (~99%; Rainsford 2009) was limited
444 by avoiding the use of serum with PRH (replaced with 0.44 mg/mL BSA) and PHH experiments and
445 using 2% FBS (corresponding to 0.8-0.9 mg/mL albumin), in HepaRG cell experiments. This condition
446 did not alter HepaRG cell viability and performance. and was demonstrated not to affect the uptake of
447 amiodarone, a drug with protein binding capacity similar to IBU (Pomponio et al, 2014). IBU recovery
448 ($110 \pm 10\%$) from the medium was not influenced by BSA or FBS.

449 In blank experiments, results showed that collagen I (used with PRH) sequestered IBU in a time- and
450 concentration-dependent manner (Table 3). IBU levels in collagen increased on d0 up to 15% after 24
451 h. On d13, the percentages levelled off at around 30% at each time point and concentration,
452 suggesting a saturation of the extracellular matrix. A fraction of the added concentration (content of t_0
453 media) of 15 and 30%, on d0 and d13, respectively, were factored into the intracellular IBU
454 concentrations. Amounts <5% of the nominal concentrations were within the experimental variance
455 and hence were not taken into consideration, also in view of the absence of cells, which are thought to
456 compete with collagen.

457 Analyses of Geltrex™ preparations (used with PHH) showed that negligible binding of IBU to the
458 matrix molecules was found even after repeated exposure with 1000 μM . In accordance with these
459 findings, IBU detected in the corresponding supernatants was in the range 95-108%.

460

461 **3.2 Kinetic profile of IBU in PRH**

462 The analyses of cell culture media at t_0 revealed that a mean of $8.7 \pm 0.7 \mu\text{M}$ and $85.3 \pm 10.3 \mu\text{M}$ were
463 applied vs. a nominal concentrations of 10 μM and 100 μM , respectively, with a CV of 8-12% (N = 20
464 per concentration).

465 At 10 μM (low concentration) a similar IBU kinetic profile was observed on d0 and d13 both for the cell
466 lysate and the supernatant compartments (Figure 2, A and B), indicating that the repeated treatment
467 did not result in any saturation, inhibition or induction phenomena. A rapid and progressive
468 intracellular uptake of IBU was evident from 2 min to 1 h. After a steady state from 1 to 3 h the amount

of IBU in the cell lysates decreased up to 24 h (Figure 2, A). In parallel, a non-proportional decrease was observed over time in the supernatant, indicating a steady state from 1 to 3 h followed by a drop to 3 and 12% of applied IBU at 24 h of d0 and d13, respectively (Figure 2, B). The non-quantitative correspondence between the decrease in the supernatants and the increase in the cell lysates over time was confirmed by the calculation of the mass balance (Figure 2, C), that is the total amount of IBU recovered in all the different compartments at a given time point, compared to the initially added amount. It indicated a "apparent" loss of IBU over time (striped bars in Figure 2, C), which could be attributed to biotransformation processes (slightly lower on d13). At 100 μ M IBU (high concentration), the kinetic profile was similar (Figure 2, D and E): the low to high concentration ratio (1/10) was maintained in the IBU amount measured in cell lysates, increasing on both days from 2 min to 1 h. A steady state (1 to 3 h) followed and then a decrease to a minimum of ~6 and 13% at 24 h (d0 and d13, respectively) (Figure 2, D). Figure 2 E illustrates the continuous decrease of IBU in the supernatant showing a steady state from 1 to 3 h and a drop at 24 h to ~18 (day 0) and 36% (day 13) of the initial amount. The relative distribution in the different compartments again showed an apparent 'loss' in mass balance (Figure 2, F).

3.3 *Kinetic profile of IBU in PHH*

When the kinetic profile of IBU was followed in PHH, the different human donors were firstly evaluated individually rather than as biological replicates, due to high intra-individual variability. Although the absolute values were different, representing the expected variability among individuals, analysed donors exhibited a comparable trend: on this basis, distinct donors were handled as biological replicates.

This high variability (translated in high SD bars) was very likely attributed to differences in metabolism, although the hepatic pathology of the donors might also have contributed. In order to characterise the competence of PHH to metabolise IBU, some CYP specific activities were measured in PHH from

each donor (Table 4). Of particular interest was CYP2C9, which is the main CYP involved in IBU metabolism. PHH from Donor B1032 were expected to show a low level of oxidative IBU metabolism. Indeed, after 3 days of repeated exposure, a high degree of cytotoxicity was observed at both concentrations. As a result, the experiment with PHH from Donor B1032 was stopped because it did not meet the criteria set in the experimental design, i.e. high concentration corresponding to TC_{10} , thus assuming a nearly constant number of cells throughout the experimental treatment. As a consequence, biokinetic data reported on d13 included only samples from PHH from the Donors S1045 and B1050.

The mean IBU concentration at T_0 was $97.8 \pm 10.0 \mu\text{M}$ and $803.7 \pm 78.6 \mu\text{M}$ vs the nominal $100 \mu\text{M}$ and $1000 \mu\text{M}$, respectively, with a CV of 2-20% with $N = 20$ (for each concentration).

At $100 \mu\text{M}$ (low concentration) no differences in IBU kinetic profile were evident between d0 and d13. IBU uptake by PHH was very rapid, reaching maximum values (5% of the applied concentration) after 2 min at d0 and after 30 min at d13 (Figure 3, A). Subsequently, a steady state up to 3 h was followed by a decrease to a minimum of $\sim 1\%$ at 24 h. IBU content in the PHH supernatant samples showed an almost continuous decrease over time with a less pronounced steady-state at early times. In no case the intracellular amount and the decrease in the supernatant were quantitatively correlated (Figure 3, B). The sum of the amount of IBU found in the cell lysates plus supernatants declined quite rapidly starting from the first time point on d0 (Figure 3, C); on d13 the decreasing rate was slower, but after 24 h in both cases very low IBU values were attained ($10.2 \pm 4.8\%$ on d0 and $8.6 \pm 4.3\%$ on d13). As evidenced by the relative IBU distribution in the different compartments (Figure 3, C), IBU content in the cell lysate never exceeded 5%, the amount measured at the steady state, supporting the occurrence of a very efficient metabolism of the parent compound by PHH.

The kinetic profile in the cell lysate over 24 h for the PHH treated with $1000 \mu\text{M}$ (high concentration; Figure 3, D) showed a different pattern; the high/low intracellular concentration ratio was > 10 fold. After a very rapid uptake into the cells, at 2 min the amount of IBU remained at a constant level (around 1-3%) at d0; although very variable among donors, the trend was similar at d13. In contrast,

the supernatants revealed a slight decrease at earlier time points, (Figure 3, E), then IBU levels were almost constant up to 24 h. On d0 the relative distributions showed a decline in total recovered IBU from cells plus supernatant (Figure 3, F), but never below 50%. After repeated exposures, the 3 h time point corresponded to very low recovery and nearly no variability between samples and donors, contradicting results obtained both at previous time points as well as at 24 h, when results were consistent with the overall kinetic behaviour were obtained. The data at 3 h were interpreted as a technical problem, since at 24 h cell were perfectly viable and CYP2C9 activity was present (data not shown), therefore the low metabolic capacity at 24 h cannot be attributed to cytotoxicity. Under these conditions, the decrease in IBU mass balance was around 20-30% with most IBU recovered in the supernatant at 24 h, as shown by its relative distribution (squared bars in Figure 3, F). This suggested a saturation of IBU biotransformation at 1000 μ M, which could be expected at such a high concentration.

533

534 **3.4 Kinetic profile of IBU in HepaRG cells**

535 The actual IBU mean concentration in the media at t_0 was $7.8 \pm 1.2 \mu$ M and $85.4 \pm 4.2 \mu$ M versus the
536 nominal 10 μ M and 100 μ M, with a CV between 5 and 16% with N = 20 (for each concentration).

537 In HepaRG cells treated with 10 μ M IBU, the uptake started at 30 min, reaching a plateau after 3-6 h
538 (Figure 4, A). In the supernatant a continuous decrease in IBU content was measured both on d0 and
539 d13, reaching a similar amount at 24 h (Figure 4, B). The relative distribution showed a continuous
540 and constant decrease of IBU mass balance in the course of 24 h both on d0 and d13. Although the
541 reduction rate was higher after repeated exposure (Figure 4, C), likely attributable to higher level of
542 CYP2C9 on d13.

543 After treatment of HepaRG cells with 100 μ M IBU (high concentration), the measured kinetic profile
544 was similar: in the cell compartment on d0 and d13 IBU content remained low, under 0.5 nmol/well
545 (Figure 4, D). A gradual decrease in IBU content was observed in the supernatants on d0 higher on
546 d13, but never quantitatively related to the increase in intracellular content (Figure 4, E). The total IBU

547 recovery showed a continuous decrease over time on both days (Figure 4, F), although significantly
548 lower on d13. This suggests a possible increase in the CYP2C9-related biotransformation capacity of
549 this cell model over time. The IBU amount in the supernatants was 10 fold higher than that measured
550 at 10 μ M IBU, respecting the high/low concentration ratio, whereas it was < 10 in cell lysates.

551

552 **3.5 Pharmacokinetic Modelling**

553 Figure 5 shows the measured and modelled amount of IBU in the medium and cell lysates of PRH
554 cultures over the repeated treatment of 14 days. Since IBU was applied daily, the concentration was
555 reset to nominal medium concentrations every 24 h. It was assumed that IBU content in cell lysate
556 corresponds to intracellular concentrations; the assumption was nevertheless reasonable, since,
557 based on its low lipophilicity ($\log K_{OW} = 0.8$ at pH 7.4), IBU is unlikely sequestered within membranes.
558 The data were well matched by the model and fairly consistent across replicates. The various curves
559 were very similar, showing that there was reasonable uncertainty in the model predictions (the
560 estimate of residual uncertainty corresponded to a CV of 30%).

561 A dynamic equilibrium was reached already after the first day. The ratios Q_{cell} over Q_{med} were close to
562 0.2, but the total cellular volume was about a 1000th of the medium volume, so the ratio of
563 concentrations was about 200. As a result, cells had a 200 times higher IBU concentration than the
564 medium.

565 A similar model fitted for PHH data is shown in Figure 6. The PHH from Donor B1032 proved to be
566 very sensitive to IBU toxicity at the applied concentration, thus only data from the first day were
567 obtained. Here, significant inter-individual variability was noted, thus a population approach was used
568 to analyse the data deriving from PHH. The fits were quite good, but uncertainty (reflected by the
569 spreading of the simulated curves) was as expected higher compared to PRH, resulting from
570 underlying measurement errors and modelling approximations (the estimate of residual CV being
571 40%). In two PHH donors, the intracellular quantity of IBU was noticeably higher than predicted. In the
572 data sets of PHH from Donors S1045 and B1050, a dynamic equilibrium was reached practically on

d1, as previously seen in the modelling of the PRH data. The IBU amounts in PHH of the 100 μ M group were underestimated by the model. This could be due to systematic error in IBU recovery, non-linearity in cellular uptake or efflux, lower metabolism at IBU low concentration, or some unknown mechanism. More data would be required to identify the actual cause of this observation.

The data and model fit for HepaRG cells are given in Figure 7. The applied model layout was similar to that previously described for PRH and PHH. As for the PHH data, the three replicates were analysed in a population framework, but reflecting inter-experiment variability instead of inter-individual differences between donors. There was a rather large proportion of non-detectable levels in the low-dose experiments with substantial uncertainty (residual uncertainty: CV = 45%). Furthermore, an underestimation of some data points at 10 μ M concentration in cell lysates was observed as previously observed for the PHH. These results seem however, globally consistent with those of the other two culture systems. For both PHH and HepaRG cells, the ratios Q_{cell} over Q_{med} were close to 0.01, indicating that those cells had only a 10 times higher IBU concentration compared to the medium – that is much less than in PRH, likely due to more efficient metabolism.

The posterior parameter distributions obtained after MCMC sampling for the "average" parameters are summarised in Table 5. They characterise the kinetic behaviour observed in an average experiment for PRH or HepaRG cells, or of the cells of an average donor in PHH. Given the dose assayed in the various systems and the cell capabilities, we could estimate a maximum rate of metabolism only in PHH. The low-dose metabolic clearances, V_{max} / K_m , could be estimated in all systems with very good precision in PRH (5% CV) and less so in PHH and HepaRG (50% CV). The PRH have clearly lower clearance rates, which explained the much higher IBU concentrations observed in those cells. Clearance rates were similar for the different human cells, given the significant variability between donors and experiments. In HepaRG cells, metabolic clearance is known to increase with time, and we estimated (slope parameter α) that it was about 60% higher after 14 days compared to the start (Table 5).

599 4 Discussion

600 To overcome the imbalance between rising costs and declining approvals of new drugs, the
601 pharmaceutical industry is under pressure to improve the effectiveness of the drug development
602 process, and reduce the current high attrition rates. Toxicity testing is crucial, but represents a time-
603 and resource-consuming step; in addition human ADRs to the liver are often difficult to predict with
604 existing animal models. These considerations, besides the ethical considerations related to the use of
605 laboratory animals, promote the development of more suitable *in vitro* methods. This paper addresses
606 the importance of measuring *in vitro* biokinetics, generally not taken into account even in well-
607 established experimental *in vitro* models, in order to improve the predictability of *in vitro* data, and to
608 be used as input in PBPK models (Coecke et al., 2013). We used three different hepatic cellular
609 systems, with IBU as a model compound.

610 IBU is a widely used as analgesic/antipyretic agent, available by prescription and over-the-counter; at
611 therapeutic doses it is reported, although rarely, to induce ADRs to the liver (Bennett et al., 2009;
612 Rodríguez-González et al., 2002; Laurent et al., 2000). Among them, sub-acute hepatic failure,
613 hepatitis C cases and significant increase in transaminases (O'Connor et al., 2003). In humans, the
614 first step in IBU metabolism is catalysed by CYP2C9 and to a lower extent by 2C8 (Chang et al.,
615 2008), to form 2-Hydroxy-IBU and Carboxy-IBU, as major detoxification metabolites (Hamman et al.,
616 1997). The rat CYP2c6 and 2c11, orthologs of human CYP2C9 (Vecera et al., 2011), are thought to
617 be involved in these oxidative reactions (Hu et al., 2011; Kapil et al., 2004). IBU and its oxidative non-
618 toxic metabolites are conjugated with glucuronic acid by different UGTs *in vitro* in rat or human
619 hepatocytes (Dong and Smith, 2009) and *in vivo* (Spraul et al., 1992) and then excreted, mainly in
620 urine.

621 As the first step we checked factors possibly affecting the bioavailability of IBU under the experimental
622 conditions used, and showed that IBU was readily soluble and chemically stable, neither cross-
623 contamination among wells nor adsorption to plastic devices occurred. The use of FBS or albumin in
624 the medium was reduced to a minimum, i.e. not affecting IBU recovery or total bioavailability.

625 Furthermore, no IBU was physically sequestered into the Geltrex™ used in PHH SW culture. By
626 contrast, we found a time- and concentration-dependent amount of IBU in collagen I used in PRH
627 cultures. This finding was relevant because physically sequestered IBU could be assumed as
628 intracellular content, and erroneously interpreted as bioaccumulation.

629 The study design was similar to that of the *in vivo* kinetic testing (OECD Test Guideline 417). The
630 comparison of kinetic behaviour obtained between single and repeated treatments allowed the study
631 of inhibition, saturation or induction of cellular influx/efflux, metabolism and bioaccumulation
632 processes.

633 The used 100 µM IBU corresponds to 20.6 µg/mL, which approximates the recently reported human
634 peak plasma concentration ($C_{\max} = 22.6 \pm 5.6$ µg/mL) measured upon oral intake of 400 mg IBU
635 (Vilenchik et al., 2012) in the low range of therapeutic doses. Hence, the cross-model comparison of
636 the three hepatic systems was conducted at 100 µM IBU.

637 The obtained modelled results showed a coherent picture for IBU *in vitro* biokinetics across the three
638 models: (i) IBU quickly entered cells; (ii) after multiple exposures a dynamic equilibrium was reached
639 within one or two days; (iii) the decrease in the medium was not quantitatively related to the increase
640 in the cell lysate fractions. All three models showed a significant capacity in metabolising IBU;
641 therefore, cells removed (by biotransformation) the parent compound in 24 h, resulting in no
642 bioaccumulation after daily treatment for 14 days This is in line with information from *in vivo*
643 pharmacokinetic data in humans showing that 60% of a given dose was excreted within the first 24 h
644 (Adams et al., 1969). Although the experimental data were available only on d0 and d13, modelling
645 allowed the prediction of the daily kinetic behaviour along the treatment period.

646 The uptake of IBU was likely due to passive transport through the cell membrane, being very rapid
647 and not saturable: and assumed to be a "first order" kinetic process. Our assumption was supported
648 by experiments conducted on Caco2 cells indicating a passive transport (data not shown) and by data
649 showing that in rats IBU is an Oatp1a1 inhibitor (Zhang et al., 2013) and in human cells IBU inhibits
650 OATP1B1 or OATP1B3, without being a substrate (Kindal et al., 2011). The modelling showed that

cellular uptake was much faster compared to its output; since, once entered, the drug was rapidly metabolised, the efflux back in the medium compartment, if any, was considered negligible. An initial slower intracellular uptake characterised HepaRG cells (paralleled by a slower decrease of IBU content in the medium fraction, Figure 8 B at d0). It could be attributed to the presence of 2% FBS in the medium binding IBU. However, considering protein binding as a fast process, despite the cell uptake rate was initially slower, the total amount of IBU entering the cells within 24h was the same (>90% IBU "lost" in the mass balance estimate). The consequence could be a slight overestimation in the HepaRG clearance.

After single exposure, the steady state was reached rapidly in PHH (2-30min) > PRH (1-3h) > HepaRG (3-6h). The higher intracellular concentration detected in PRH than in human derived cells (Figure 8 A, C) at the steady state could be due to the different metabolic clearance rates, which in the rat model are one order of magnitude lower compared to the human-derived cells (Table 5). The difference in metabolic clearance was shown also *in vivo* (Adams et al., 1969), with a more efficient IBU metabolism in humans compared to the rat.

The HepaRG cells showed lower IBU concentrations in the cell lysates than PHH, particularly after repeated treatment. This could be due, at least partially, to the 60% increase over time of IBU metabolic clearance in HepaRG cells (Table 5) which was not a compound-specific effect. Indeed, higher levels of CYP2C9 activity at 14 days of culture have been reported (Anthérieu et al., 2010) as well as for other CYPs (Jossé et al., 2008). In addition, transcriptomics measurements indicated no significant increase in CYP2C9 mRNA indicative of induction by IBU treatment, although few genes involved in drug metabolism were increased in control cells on d13 (data not shown). The absence of induction throughout the course of repeated exposure in the three models was in accordance with *in vivo* data (Mills et al., 1973).

The efficiency of IBU metabolism seemed to be a strong determinant for its toxicity in hepatocytes. Here, PRH, with a slower metabolic clearance, showed a higher toxicity compared to PHH although, due to the high inter-individual variability in PHH, the obtained TC₁₀ cannot be considered as

677 representative of the average human population. Indeed, PHH from Donor B1032, characterised by
678 low CYP2C9 activity and thus, by a low IBU detoxification, experienced a high cytotoxicity, leading to
679 experiment termination after 3 days. It is unclear why TC₁₀ in HepaRG was lower than PHH and
680 similar to PRH, although having a much higher metabolic clearance. A possible explanation, beside
681 the lower number of cells (50% of the population is made of biliary cells) is a different balance
682 between phase-1 and phase-2 metabolism in the three models. Although not measured and modelled
683 in this work, glucuronidation has been also shown to play a role in the metabolic disposition of most
684 'profens' Since species differences have been described in glucuronidation rates in liver microsomes
685 (rate ranking: man, monkey, dog, rabbit and rat) (Magdalou et al., 1990), phase 2 metabolism may
686 contribute to differences in the total biotransformation as well as to IBU-induced toxicity among
687 species and between the human-derived models. Indeed, 'profen'-acyl glucuronides have been shown
688 to form covalent protein adducts in rat hepatocytes (Dong and Smith, 2009), contributing to hepatic
689 toxicity. Although IBU is glucuronidated less efficiently than other compounds of the same family
690 (Magdalou et al., 1990) and IBU-acyl glucuronides are considered less reactive among those formed
691 with other 'profens' (Castillo et al., 1995), their higher formation in the PHH from Donor B1032, due to
692 the scant CYP2C9 activity, may be responsible for the pronounced toxicity.

693 Here, the disappearance of the parent compound over time was used as a measure for metabolic
694 clearance. The detection of the different metabolites, including glucuronides, would have delivered
695 valuable additional information whether DMEs are differentially active in the three *in vitro* systems,
696 accounting for the observed differences. The use of DME-phenotyped PHH could further help in the
697 full understanding of metabolism-related IBU toxicity. Overall, the observed metabolism-dependent
698 toxicity could be a hint to the rather idiosyncratic nature of IBU-induced liver injury in patients (Bennett
699 et al., 2009; Rodríguez-González et al., 2002; Laurent et al., 2000).

700 The importance of the intracellular concentration for concentration-response extrapolations was
701 comprehensively described by Groothuis et al. (2013). Here we provide evidence that the use of
702 nominal concentrations would have resulted in an overestimation of the actual treatment (up to 20%).

703 More importantly, the content in the cell lysates over time appeared to be different in the three hepatic
704 models tested. The disappearance of the test item in the culture medium which was, from a technical
705 point of view, less demanding than testing the cell lysate fraction, showed no major differences in the
706 three hepatocyte models after repeated treatment. Hence, monitoring the biokinetic profile in this
707 single compartment did not allow the drawing of any clear conclusions. Consequently, the
708 measurement of the compound in the cell lysates and the calculation of the relative distributions using
709 mass balance values, were crucial parameters to be monitored.

710 Overall, in terms of species-differences, our data reflected the *in vivo* situation. Here, consideration of
711 dose-normalised pharmacokinetic parameters such as C_{\max} (rat < human), T_{\max} (rat < human) and $t_{1/2}$
712 (rat ~ human) revealed that at 100 μM IBU was metabolised as *in vivo* more efficiently in humans
713 compared to rats (Hu et al., 2011; Kapil et al., 2004; Teng et al., 2003; Adeyeye et al., 1996). Although
714 PRH appeared to give reproducible results, as expected by the species-specificity, IBU intracellular
715 concentration in PRH did not correspond to IBU intracellular concentrations found in human cells
716 under similar exposure conditions, suggesting a poor predictivity from this species. A high variability
717 was shown by PHH from the different donors, although modelling made it possible to account for (and
718 in reduce) variability between donors. The residual uncertainty (Table 5 and in model prediction
719 Figures) was overall about 10%. The number of donors tested was limited, but the use of an
720 appropriately higher number of donors could provide an estimate of human variability, which may be
721 considered an advantage, representing the inter-individual differences observed clinically. HepaRG
722 cells gave very reproducible data and although a large population (~50%) of non-metabolising biliary
723 cells is present, they did not bioaccumulate IBU. This was in line with previous data showing that
724 cryopreserved HepaRG cells are a valuable tool for kinetic prediction of CYP substrates (Zanelli et al.,
725 2012).

726

727 5 Conclusion

728 The consideration of the biokinetic profiles could help explaining specific observations, i.e.
729 transcriptome, proteome and enzyme induction/inhibition, and support a more holistic biological
730 interpretation. Biokinetics is the link between the applied dose and the observed effects. Modelling
731 these effects taking into account the time course of concentrations is at the root of time-based
732 simulations of effects, i.e. pharmacokinetic/pharmacodynamic (PKPD) modelling, allowing one to
733 make predictions from *in vitro* to *in vivo* effects. Finally, the transformation of an *in vitro* NOAEC to a
734 relevant *in vivo* NOAEL would greatly benefit drug discovery and reduce the chance of hepatotoxic
735 compounds making it through to clinical trials or on to the market.

736

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740 Henning are also much appreciated.

741

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895 **Figure Legends**

896 Figure 1. Schematic representation of the three-compartment model used for ibuprofen *in vitro*
897 pharmacokinetics.

898

899 Figure 2. Kinetic profile of ibuprofen (IBU) (nmol/well) in primary rat hepatocytes (PRH) (A, D) and
900 culture supernatants (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid
901 line) treatment with 10 μ M IBU (A, B) or 100 μ M IBU (D, E). Relative distribution (%) of IBU in the
902 different analysed PRH fractions at the indicated time points for d0 and d13, supernatant (squared)
903 and cell lysate (blank) as well as the apparent loss (striped) for the low concentration (10 μ M, C) and
904 high concentration (100 μ M, F). Values are given as mean of three biological replicates +/- SD
905 (standard deviation); each sample was run in two technical replicates. The significance of the results
906 was analysed by the Student t test ($p < 0.05$): the letter a indicates statistically significant differences
907 between each data point and the first time point; the letter b indicates statistically significant
908 differences between each data point and the immediately precedent time point.

909

910 Figure 3. Kinetic profile of ibuprofen (IBU) (nmol/well) in primary human hepatocytes (PHH) (A, D) and
911 culture supernatants (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid
912 line) treatment with 100 μ M IBU (A, B) or 1000 μ M IBU (D, E). Relative distribution (%) of IBU in the
913 different analysed PHH fractions at the indicated time points for d0 and d13, supernatant (squared)
914 and cell lysate (blank) as well as the apparent loss (striped) for the low concentration (100 μ M, C) and
915 high concentration (1000 μ M, F). As the PHH from Donor B1032 evidenced a high cytotoxicity after 3
916 days of treatment with IBU, values are given as mean of two (d13) or three (d0) biological replicates
917 +/- SD; each sample was run in two technical replicates.

918

919 Figure 4. Kinetic profile of ibuprofen (IBU) (nmol/well) in HepaRG cells (A, D) and culture supernatants
920 (B, E) after single (day 0 (d0) – dashed line) and repeated (day 13 (d13) – solid line) treatment with

921 10 μ M IBU (A, B) or 100 μ M IBU (D, E). Relative distribution (%) of IBU in the different analysed
922 HepaRG cell fractions at the indicated time points for d0 and d13, supernatant (squared) and cell
923 lysate (blank) as well as the apparent loss (striped) for the low concentration (10 μ M, C) and high
924 concentration (100 μ M, F). Values are given as mean of three biological replicates +/- SD; each
925 sample was run in two technical replicates. The significance of results was analysed by the Student t
926 test ($p < 0.05$): the letter a indicates statistically significant differences between each data point and the
927 first time point; the letter b indicates statistically significant differences between each data point and
928 the immediately precedent time point.

929

930 Figure 5. Amount of ibuprofen (IBU) in nmol, measured in the medium (triangles) and cell lysates
931 (circles) of primary rat hepatocytes (PRH) cultures, superimposed with the best (maximum posterior)
932 fit of the three-compartment pharmacokinetic model (thick black line) and a set of predictions
933 generated from random set of posterior parameter values (thin black lines). IBU was applied daily at
934 either high (100 μ M corresponding to 150-200 nmol per day; top row A) or low concentration (10 μ M
935 corresponding to 15-20 nmol per day; bottom row B). Three biological replicates were analysed (in
936 column, 1-3).

937

938 Figure 6. Amount of ibuprofen (IBU) in nmol measured in the medium (triangles) and cell lysates
939 (circles) of primary human hepatocytes (PHH) cultures, superimposed with the best (maximum
940 posterior) fit of the three-compartment pharmacokinetic model (thick black line) and a set of
941 predictions generated from random set of posterior parameter values (thin black lines). IBU was
942 applied daily at either high (1000 μ M corresponding to 1.5-2 μ mol per day; top row A) or low
943 concentration (100 μ M corresponding to 150-200 nmol per day; bottom row B). Three donors were
944 analysed (in column, 1-3) in population pharmacokinetic framework. Experiment with PHH from Donor
945 B1032 was stopped, due to the toxicity of IBU to those cells.

946

947 Figure 7. Amount of ibuprofen (IBU) in nmol measured in the medium (triangles) and cell lysates
948 (circles) of HepaRG cultures, superimposed with the best (maximum posterior) fit of the three-
949 compartment pharmacokinetic model (thick black line) and a set of predictions generated from random
950 set of posterior parameter values (thin black lines). IBU was applied daily at either high (150-200nmol
951 per day; top row A) or low concentration (10-20nmol per day; bottom row B). Three replicate
952 experiments were analysed (in column, 1-3) in population pharmacokinetic framework.

953

954 Figure 8. Cross model comparison between primary rat hepatocytes (PRH) (dashed line), primary
955 human hepatocytes (PHH) (squares, solid line) and HepaRG cells (triangles, solid line): Biokinetic
956 profile of ibuprofen (IBU) (nmol/well) in cell lysates (A, C) and culture supernatants (B, D) after single
957 (day 0 (d0) – upper panel: A, B) and repeated (day 13 (d13) – lower panel: C, D) treatment with 100
958 μ M IBU. The five time point correspond to 2 min, 30 min, 1 h, 3 h and 24 h for PRH and PHH, and 30
959 min, 3 h, 6 h, 12 h and 24 h for HepaRG cells. Values are given as mean of three biological replicates
960 \pm SD; each sample was run in two technical replicates.

961

962 **Tables**

963 Table 1. Detailed information on the donors of liver resections utilised within this study.

Donor	Sex	Age	Pathology	Medication
S0302V ^a	Male	61	Sigmoid adenocarcinoma	Lypanthyl, Stagid, Cotareg, Insulin, Sotalex
B1032	Male	42	Echinococcosis alveolaris	none
S1045	Male	75	Hepatic tumor	Atenolol, Kardegic, Ramipril, Inspra, Rasilez
B1050	Male	63	Hydatid Cyst	none

964
965 ^a This sample was used only for a preliminary assessment of IBU cytotoxicity. It was not further used
966 for the kinetic experiments,
967

968 Table 2. Ibuprofen (IBU) concentrations applied to primary rat hepatocytes (PRH) cultures in different
969 conditions for determination of the concentration that causes 10% cytotoxicity.

Culture condition	[IBU] in μM					
96-well (ML – 24h)	500	1000	1500	2000	3500	5000
24-well (SW – 1, 3, 14d)	1	10	100	500	1000	2000
6-well (SW – 14d)	10	500	1000			

970

971

972 Table 3. IBU sequestered by collagen I used for primary rat hepatocytes (PRH) long-term cultures.

IBU in %		
d0	2 min	1.6 ± 1.3
		(101.3 ± 1.3)
	24 h	13.6 ± 2.7
		(97.6 ± 5.8)
d13	2 min	29.3 ± 0.6
		(94.3 ± 3.1)
	24 h	31.4 ± 3.0
		(104.3 ± 0.9)
Nominal concentration		IBU 10µM
		IBU 100µM

973

974 Values are given in per cent of IBU detected in collagen I, compared with IBU detected in cell media at
 975 T₀. Figures in parentheses are the total IBU recovery (media + collagen I). Results are expressed as
 976 mean ± standard deviation (SD) obtained on three replicates.

977 d0 = day 0; d13 = day 13

978

979 Table 4. Cytochrome P450 activities of primary human hepatocytes (PHH) from the three donors used
 980 for the biokinetic studies.

Donor	Activity in pmol/min/mg protein				
	CYP1A1/2	CYP2B6	CYP3A4	CYP2C9	CYP2D6
B1032	< LOQ	5.33	0.104	3.81	0.281
S1045	0.221	23.1	33.4	29.9	3.36
B1050	0.140	22.1	< LOQ	15.1	0.809

981
 982 The specific activity of cytochrome P450s (CYP) in the hepatocyte preparations deriving from the
 983 three different donors was assessed one day after seeding. Results were expressed as average of
 984 two technical replicates.

985

986 Table 5. Summary statistics of the posterior “population” mean parameters distribution of the *in vitro*
 987 ibuprofen (IBU) kinetic models in the three cellular systems.

988

Parameter	PRH values ^a	PHH values	HepaRG cell values
F_{in}	230 ± 25 [180, 290]	259 ± 75 [130, 440]	- ^d
F_{out}	24 ± 2.9 [17, 30]	45.8 ± 15 [23, 84]	- ^d
k_1	$3.5 \times 10^{-4} \pm 7.4 \times 10^{-5}$ [2×10^{-4} , 5.2×10^{-5}]	- ^d	- ^d
k_2	$1.4 \times 10^{-3} \pm 3.3 \times 10^{-4}$ [7.4×10^{-4} , 2.2×10^{-3}]	- ^d	- ^d
V_{max}	- ^b	$5.7 \times 10^{-9} \pm 3 \times 10^{-9}$ [2.2×10^{-9} , 1.4×10^{-8}]	- ^b
V_{max} / K_m	0.47 ± 0.02 [0.42, 0.5]	6.5 ± 3.0 [3.0, 15]	13 ± 6.5 [5.4, 30]
α	- ^c	- ^c	$5.1 \times 10^{-7} \pm 1.4 \times 10^{-7}$ [2.5×10^{-7} , 8×10^{-7}]

989

990 These posterior distributions were obtained by model calibration with the data. For PRH they
 991 characterise to a typical experiment; while for PHH they correspond to the geometric mean of a virtual
 992 population of hypothetical donors. For HepaRG cells they represent the geometric mean of a virtual
 993 set of experiments.

994 ^a (mean \pm SD) [2.5 and 97.5 percentiles of the posterior distribution].

995 ^b not applicable (first order kinetics).

996 ^c not applicable (slope set to zero).

997 ^d not applicable (fixed value parameter).

998

999 **Supplementary Data**

1000 Table S1. Population mean parameters descriptions, set values or statistical distributions of the *in vitro*
1001 IBU kinetic model for PHH. The posterior distributions were obtained by model calibration with the
1002 data and represent the geometric mean of a virtual population of hypothetical donors.

Parameter	Description	Units	Value or Prior distribution
N _{cell}	number of hepatocytes	-	2 ×10 ⁶
V _{med}	volume of assay medium	µm ³	2 ×10 ¹²
V _{cell}	volume of a cell	µm ³	3400 ^c
F _{in}	cell entry rate flow ^a	µm ³ .sec ⁻¹	U (0, 500) ^d
F _{out}	cell exit rate flow ^a	µm ³ .sec ⁻¹	U (0, 10 ⁶)
k ₁	GelTrex™ binding rate constant	sec ⁻¹	0
k ₂	GelTrex™ unbinding rate constant	sec ⁻¹	0
V _{max}	maximum rate of metabolism ^a	nmol.sec ⁻¹	U (0, 10 ⁻⁷)
V _{max} / K _m	low-dose metabolic clearance ^{a,b}	µm ³ .sec ⁻¹	U (0, 10 ⁶)

1003 ^a Per hepatocyte.
1004 ^b At each iteration, V_{max} was divided by this parameter to compute the K_m value to use in Eq. 5.
1005 ^c Lodish et al., 2000.
1006 ^d U (min, max): uniform distribution.

1007

1008 Table S2. Population mean parameters descriptions, set values or statistical distributions of the *in vitro*
 1009 IBU kinetic model for HepaRG cells. The posterior distributions were obtained by model calibration
 1010 with the data and represent the geometric mean of a virtual set of experiments.

Parameter	Description	Units	Value or Prior distribution
N_{cell}	number of hepatocytes	-	10^6
V_{med}	volume of assay medium	μm^3	2×10^{12}
V_{cell}	volume of a cell	μm^3	3400^b
F_{in}	cell entry rate flow ^a	$\mu\text{m}^3.\text{sec}^{-1}$	150
F_{out}	cell exit rate flow ^a	$\mu\text{m}^3.\text{sec}^{-1}$	30
k_1	protein binding rate constant	sec^{-1}	0
k_2	protein unbinding rate constant	sec^{-1}	0
$V_{\text{max}}(t_0) / K_m$	initial metabolic clearance ^a	$\mu\text{m}^3.\text{sec}^{-1}$	$U(0, 10^6)^c$
α	clearance slope factor	sec^{-1}	$U(0, 10^{-6})$
N_{bcell}	number of biliary cells	-	10^6

1011 ^a Per cell.
 1012 ^b Lodish et al., 2000.
 1013 ^c U (min, max): uniform distribution.